

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	7		
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	J. B	J. C. 8/28/01	06/01/01
<b>RESPONSE FORMALITY REVIEW</b>	M	728	8/29/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	2/4/01
Original	8/4/01
1	6/2/01
2	1
3	
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26	
27	
28	
29	2/2/01
30	2/2/01
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	1
38	
39	
40	
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42	
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45	
46	
47	
48	
49	
50	1

Claim	Date
Final	2/4/01
Original	8/4/01
51	6/2/01
52	1
53	
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55	
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57	
58	
59	
60	
61	
62	
63	
64	
65	6/2/01
66	1
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81	
82	
83	
84	
85	
86	6/2/01
87	1
88	
89	
90	✓
91	✓
92	✓
93	✓
94	
95	
96	
97	
98	
99	
100	1

Claim	Date
Final	2/4/01
Original	8/4/01
101	6/2/01
102	1
103	
104	
105	
106	
107	
108	6/2/01
109	1
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111	
112	
113	6/2/01
114	1
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118	6/2/01
119	1
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124	6/2/01
125	1
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If more than 150 claims or 10 actions  
staple additional sheet here